

2 182

with the local Registrar within

20553

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH			
DIVISION OF VITAL STATISTICS			
(This return should preferably be made by the person who made the original)			
SUPPLEMENTARY REPORT OF BIRTH		County Registrar's No. * 84	
Place of Birth	Miami	County	Gila
(Registration District)			
SEX OF CHILD*	Female	Twin Triplet or other?	one { and } Number in order of birth
DATE OF BIRTH*	Nov. 1-6 th	1913	
(Month) (Day) (Year)			
FULL NAME	Andrew	FATHER	Rautio
FULL MAIDEN NAME	Sophie	MOTHER	Rosa

I HEREBY CERTIFY that the child described herein has been named

Pearl Sophie Rautio
(Give name in full) (Surname)

Andrew Rautio
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

796-1126-295